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Application or Docket Number Filing Date PATENT APPLICATION FEE DETERMINATION RECORD 10/574.589 04/04/2006 To be Mailed Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) OR FEE (\$) FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$) ■ BASIC FEE N/A N/A N/A N/A SEARCH FEE N/A N/A N/A N/A (37 CFR 1.16(k) **EXAMINATION FEE** N/A N/A N/A N/A (37 CFR 1.16(o), (p), or (q) TOTAL CLAIMS minus 20 = X \$ OR X \$ (37 CFR 1.16(i)) INDEPENDENT CLAIMS = = minus 3 = X \$ X \$ If the specification and drawings exceed 100 sheets of paper, the application size fee due ☐ APPLICATION SIZE FEE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) * If the difference in column 1 is less than zero, enter "0" in column 2. **TOTAL TOTAL** APPLICATION AS AMENDED - PART II OTHER THAN SMALL ENTITY (Column 1) (Column 2) OR SMALL ENTITY (Column 3) CLAIMS HIGHES1 REMAINING PRESENT ADDITIONAL ADDITIONAL **NUMBER** 04/04/2006 RATE (\$) RATE (\$) **AFTFR PREVIOUSLY FXTRA** FFF (\$) FFF (\$) AMENDMENT **AMENDMENT** PAID FOR Total (37 CFR * 17 Minus ** 20 = 0 OR X \$50= 0 X \$ Independent (37 CFR 1.16(h)) = 00 * 6 Minus ***6 X \$ = OR X \$200= Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) TOTAL TOTAL ADD'L OR ADD'L 0 FEE **FEE** (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT ADDITIONAL ADDITIONAL NUMBER 05/12/2006 RATE (\$) RATE (\$) PREVIOUSLY **AFTER EXTRA** FEE (\$) FEE (\$) **AMENDMENT** PAID FOR **AMENDMENT** Total (37 CFR 1.16(i)) * 17 Minus ** 20 = 0 X \$ OR X \$50 = 0 Independent * 6 Minus *** 6 = 0 OR 0 X \$ = X \$200 = Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) OR TOTAL TOTAL 0 ADD'L OR ADD'L * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". /CORALIA -. BETANCOURT/ *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

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